



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2019
Non-Profit Corporation

2019 JUL -9 AM 11:39

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 145607		2. Exact name of the Corporation Back to School Celebration of RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island the back to school celebration of RI is a Non-Profit Organization whose is actually engaging families in their children's education and to provide school supplies for all that attend the annual celebration.	
4. NAICS Code 813319			
6. Principal Office Address 9 CORTLAND ST.		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jorge F. Cardenas		Vice President Name Grace Gonzalez	
Street Address 910 Park Ave. Apt 6		Street Address 434 Greenville Ave.	
City Cranston	State RI	City Johnston	State RI
Zip 02910		Zip 02919	
Secretary Name Micahela Albina		Treasurer Name Elizabeth Winstanley	
Street Address 126 Wakefield Ave.		Street Address 65 SYLVIA AVE.	
City West Warwick	State RI	City North Providence	State RI
Zip 02893		Zip 02911	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jorge F. Cardenas		Director Name Micahela Albina	
Street Address 910 Park Ave. Apt 6		Street Address 126 Wakefield Ave.	
City Cranston	State RI	City West Warwick	State RI
Zip 02910		Zip 02893	
Director Name Grace Gonzalez		Director Name	
Street Address 434 Greenville Ave.		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Jorge F. Cardenas		Date 7/9/19	
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 09 2019
BY **E KPPF**
11:39